	Connecticut D	an autwant of	Dublic	[aa]+h	D	ما بما ا	n = 11	laton	Co	ation	
	Connecticut D Water (epartment of Juality Monit								ction	
PWS ID	PWS Name	<u> </u>			_	sificati				ner Type Pi	imary Sourc
CT0170074	CHIPPENS HILL MEDICA	AL CENTER				NC		25		Р	GW
Local Address	(where applicable)		Service	Residen	tial	Comm	ercial	Industri	al	Combined	Agricultura
665 TERRYVII	LE AVENUE		Connections			1					
Towns Served	: BRISTOL						'				
		Monito	oring Requ	iireme	nts						
Water Syste	m Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)								
Total Colifo	rm (3100)							1	rou	tine (RT)	er quarter
	g Point (Sampling Point ID)		Monitori	ng P	eriod	Colle	ction Pe			ance Status
Select fr	om Inventory of Active Sam	npling Points		10/1/18 -	12/	31/18				Co	mplete
				1/1/19 -	3/3	1/19				Co	mplete
				4/1/19 -	6/3	0/19					
				7/1/19 -	9/3	0/19					
Physical Pa	rameters (PPS)							1	rou	tine (RT) _I	er quarter
Samplin	g Point (Sampling Point ID)		Monitori	ng P	eriod	Colle	ction Pe	riod	Compli	ance Status
Select fr	om Inventory of Active Sam	pling Points		10/1/18 -	12/3	31/18				Co	mplete
				1/1/19 -	3/3	1/19				Co	mplete
				4/1/19 -	6/3	0/19					
				7/1/19 -	9/3	0/19					
Water Syste	m Facility: ENTRY POIN	IT (WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1	routine (R	T) per year
Samplin	g Point (Sampling Point ID))		Monitori	ng P	eriod	Colle	ction Pe	riod	Compli	ance Status
ENTRY P	OINT (3)			1/1/18 -	12/3	31/18				Co	mplete
				1/1/19 -	12/3	31/19					
				1/1/20 -	12/ 3	31/20					
	Wate	er System Facili	ty and Sar	mpling	Po	int In	vent	ory			
Water							Total	Lead	and		
System W	ater System Facility	Sampling Point		nt			Colifori	n Cop	per		Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ				
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	1	Α					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	١	Α					
00700 EN	ITRY POINT	3	ENTRY POINT			Α					
20294 W	ELL	2	WELL			Α					
59340 BL	ADDER TANKS										
		Con	tact Infori	mation							
Name		01	rganization							Job Title	
Dr. Richard P	. Saporito	Cł	nippens Hill Fa	mily Medi	ical		V	olunteer	· Mai	nager	

Mailing Address Line Two

Mobile Phone

P. O. Box 262

Fax

860-583-3581

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

665 Terryville Avenue

Business Phone

860-589-1491

State

СТ

Zip Code

06011

City

rsaporitodc@sbcglobal.net

Bristol

Emergency Phone Email Address

860-416-9184

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty Monne	a don	ipiianee t	Jeneau			
PWS ID	PWS ID PWS Name			Classification	Population	Owner Type	Primary Source
CT0170074	CHIPPENS HILL MEDICAL CENTER	NC	25	Р	GW		
Local Address (v	Local Address (where applicable) Servic			tial Commerci	Commercial Industr		ed Agricultural
665 TERRYVILLE	AVENUE	Connections		1			
Towns Served: I	BRISTOL						

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
CT0170084	GIRL SCOUTS OF CT - CAMP CARLSON	I			NC	25	Р	GW				
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural				

Connections

1

Towns Served: BRISTOL

700 WILLIS STREET

Towns Served: BRISTOL			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Cor	npliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
SEASONAL START UP COMPLETION	6/1/2019		
Water System Facility	and Sampling Point In	ventory	
Water		Total Lead and	

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		BJ36796	MAIN CABIN	Α	Υ							
		BJ83144	TROOP HOUSE	Α	Υ							
		BN20883	MAIN CABIN KIT SINK	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
20295	WELL	2	WELL	Α								
56104	PRESSURE TANKS											

30101 11123301	,								
			Co	ontact Inf	ormation				
Name		Organization	1		Job Title				
Ms. Michele Velez Girl Scouts of Connecticut Dir. Property Svcs.						Svcs.			
Mailing Address Lin	e One	ress Line Two		City		State	Zip Code		
20 Washington Ave	nue					North Ha	aven	СТ	06473
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
203-239-2922	3329	203-239-	7220		800-922-2770	0 mvelez@gsofct.org			
Contact Role(s): A	dministrative	Contact							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Lonnectici	it Depa	irtment (of Public	Health	Drir	ıkıng	g water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0170084	GIRL SCOUTS OF	CT - CAMP	CARLSON			N	С	25	Р	GW
Local Address (w	here applicable)		Service	Resider	itial Co	mmerci	al Industri	al Combine	ed Agricultural	
700 WILLIS STREE	T			Connection	ns		1			
Towns Served: Bi	RISTOL					,				
Name				Organization					Job Titl	e
Girl Scouts of Am	nerica, Inc.									
Mailing Address I	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
340 Washington	Street						Hartfo	rd	СТ	06106
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address	,	
860-522-0163										
Contact Role(s):	Legal Contact O	wner	,							

A ---- CD blis Health Dealise Marks Costin

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name Classification Population Owner Type Primary S								Primary Source			
CT0170094	GEORGES TERRYVILLE MARKET				NC	25	Р	GW			
Local Address (where applicable)	Residen	tial	Commercia	al Industri	al Combine	ed Agricultural				
627 TERRYVILLE	AVENUE	Connections			1						

Towns Served: BRISTOL			·
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Total Coliform (3100)		1 rout	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		_
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rout	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Other Comp	oliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
L1 ASSESSMENT FORM SUBMITTAL	7/27/2018		
L1 ASSESSMENT (MULTIPLE TC+)	7/27/2018		

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Water Quality Monitoring and Compliance Schedule										
PWS ID		Classification		Population	Owner Type	Primary Source				
CT0170094 GEORGES TERRYVILLE MARKET					NC	25	Р	GW		
Local Address (where applicable) Se			Residen	ntial Commerc		al Industri	al Combine	ed Agricultural		
627 TERRYVILLE	Connections			1						

Connecticut Department of Public Health Drinking Water Section

Public Notification Requirements										
	<u>otification</u> <u>PN (</u>		<u>Certification</u>							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
REVISED TOTAL COLIFORM RULE (RTCR)	7/28/18 -	3	8/30/2018		9/9/2018					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	7/28/18 -	2	8/30/2018		9/9/2018					

	Water System Facility and Sampling Point Inventory											
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
20296	WELL	2	WELL	Α								
56108	BI ADDER TANK							-	-			

JUIUS BLADDLI	1 IAINI								
			Co	ntact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Djordje Maljevic							Owner		
Mailing Address Line One Mailing Addr				ess Line Two			City	State	Zip Code
631 Terryville Road						Bristol		СТ	06010
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
860-585-6258									
Contact Role(s): A	dministrative C	ontact, Leg	al Contact, O	wner					
Name				Organization	1			Job Title	
Ms. Pauline Surv				Georges Teri	ryville Market				

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

Contact Role(s): Owner

Mailing Address Line One

627 Terryville Ave

Towns Served: BRISTOL

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Zip Code

06010

State

CT

City

Bristol

							_		_			
	Connecticut I	epartmen)	t of	Public H	lealth	Drink	ing V	Vater	Section	n		
	Water	Quality Mo	nit	oring and	d Com	pliand	ce Sc	hedul	е			
PWS ID	PWS Name					Classificat	ion Po	Population Owner Type Pr			imary Source	
CT0170144	ORCHARD HOUSE-IND	DIAN ROCK NATU	RE PR	RESERV		NC		36	Р		GW	
Local Addre	ess (where applicable)			Service	Resident	ial Comn	nercial	Industria	I Comb	ined	Agricultural	
501 WOLC	OTT ROAD			Connections		1	.0					
Towns Serv	ved: BRISTOL											
				oring Requ	iiremer	nts						
	tem Facility: DISTRIBUT	ION SYSTEM (V	NSF I	D: 00600)								
	form (3100)										oer quarter	
_	ling Point (Sampling Point II							ection Per	iod Co		ance Status	
Select	from Inventory of Active Sa	mpling Points			10/1/18 -						mplete	
					1/1/19 - :					Со	mplete	
					4/1/19 -							
					7/1/19 - 9	9/30/19						
-	Parameters (PPS)										oer quarter	
	Sampling Point (Sampling Point ID)				Monitorin	_	Colle	ection Per	iod Co	Compliance Status		
Select	Select from Inventory of Active Sampling Points				10/1/18 -						mplete	
						3/31/19				Co	mplete	
					4/1/19 -							
					7/1/19 - 9	9/30/19						
	tem Facility: ENTRY POI	NT (WSF ID: 00	700)									
	nd Nitrite (NOX)									-	T) per year	
_	ling Point (Sampling Point II	D)			Monitorin	_	Coll	ection Per	iod Co		ance Status	
ENTRY	POINT (3)				1/1/18 - 1						mplete	
					1/1/19 - 12/31/19				Complete			
					1/1/20 - 1							
		Public	Not	ification R	equire	ments						
			С	ompliance	Notice	Pub	lic Noti	<u>fication</u>	PN	I Cert	<u>ification</u>	
Violation/S	Situation			Period	Tier	Requi	red	Performed	Due to	DPH	Received	
Nitrate And	d Nitrite M&R Violation		1/1/	14 - 12/31/14	2	2/17/2	2016		2/27/2	016		
	Wat	ter System F	acili	ity and Sar	npling	Point II	nvent	ory				
Water							Tota	l Lead o	ind			
	Water System Facility		Point	Sampling Poi	nt		Colifo				Stage	
Facility ID		ID		Description		Status	Rule	e Rule i	Tier Asbe	stos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM	Α	Υ					
		DOWNSTR	REAM	WITHIN 5 SER	VICE CON	Α						
		UPSTREA	AM	WITHIN 5 SER	VICE CON	Α						
00700	ENTRY POINT	3		ENTRY POINT		Α						
20299	WELL	2		WELL		Α						
			Con	tact Inforr	mation							
Name			Oı	rganization					Job 7	itle		
Mr Scott F	: Uoth			ny Learning Ce	ntors of C	+		Evecutive	Director			

Mr. Scott E. Heth Env. Learning Centers of Ct **Executive Director** Mailing Address Line One Mailing Address Line Two City State Zip Code 501 Wolcott Road 06010 Bristol CT **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-589-8200 860-585-8886 scottheth1@gmail.com Contact Role(s): Administrative Contact, Legal Contact

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quality 1.10111th	or mg am	u doll	ipiianee i	Jeneau		
PWS ID	VS ID PWS Name			Classification	Population	Owner Type	Primary Source
CT0170144	ORCHARD HOUSE-INDIAN ROCK NATURE PR	NC	36	Р	GW		
Local Address (\	Local Address (where applicable)			ntial Commerc	ial Industri	al Combine	ed Agricultural
501 WOLCOTT ROAD		Connections		10			
Towns Served: I	BRISTOL			·			

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name (Clas	sification	Population	Owner Type	Primary Source			
CT0170154	PEBBLE HOUSE-INDIAN ROCK NATURE PRESE	RVE			NC	25	Р	GW			
Local Address (w	Service	Residentia		Commercia	al Industri	al Combine	ed Agricultural				
501 WOLCOTT RD		Connections			1						

Connecticut Department of Public Health Drinking Water Section

301 WOLCOTT KD	•••••••					
Towns Served: BRISTOL					,	
Mo	nitoring Requ	uirements	5			
Water System Facility: DISTRIBUTION SYSTEM (V	VSF ID: 00600)					
Total Coliform (3100)				1	L routine (RT) per month
Sampling Point (Sampling Point ID)		Monitoring F	Period	Collection Per		liance Status
Select from Inventory of Active Sampling Points		11/1/18 - 11/	/30/18			
		12/1/18 - 12/	/31/18			
		5/1/19 - 5/3	31/19			
		6/1/19 - 6/3	30/19			
		7/1/19 - 7/3	31/19			
		8/1/19 - 8/3	31/19			
		9/1/19 - 9/3	80/19			
		10/1/19 - 10/	/31/19			
Physical Parameters (PPS)				1	L routine (RT) per month
Sampling Point (Sampling Point ID)		Monitoring F	Period	Collection Per	iod Comp	liance Status
Select from Inventory of Active Sampling Points		11/1/18 - 11/	/30/18			
		12/1/18 - 12/	/31/18			
		5/1/19 - 5/3	31/19			
		6/1/19 - 6/3	30/19			
		7/1/19 - 7/3	31/19			
		8/1/19 - 8/3	31/19			
		9/1/19 - 9/3	30/19			
		10/1/19 - 10/	/31/19			
Water System Facility: ENTRY POINT (WSF ID: 00	700)					
Nitrate And Nitrite (NOX)					1 routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring F	Period	Collection Per	iod Comp	liance Status
ENTRY POINT (3)		1/1/18 - 12/3	31/18			
		1/1/19 - 12/3	31/19			
		1/1/20 - 12/3	31/20			
Othe	er Compliance	Schedule	es			
Compliance Schedule Activity		Due	Date	Achiev	ved Date	
RESPOND TO SANITARY SURVEY		6/6/	/2018			

SEASONAL START UP COMPLETION		5/1/2019							
	Public Notification Re	equiren	nents						
	Compliance	Notice	Public No	<u>tification</u>	PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Physical Parameters M&R Violation	8/1/18 - 8/31/18	3	12/27/2019	1/16/2019	1/6/2020	1/23/2019			
Physical Parameters M&R Violation	7/1/18 - 7/31/18	3	12/27/2019	1/16/2019	1/6/2020	1/23/2019			
Total Coliform M&R Violation	10/1/18 - 10/31/18	3	12/27/2019	1/16/2019	1/6/2020	1/23/2019			
Total Coliform M&R Violation	8/1/18 - 8/31/18	3	12/27/2019	1/16/2019	1/6/2020	1/23/2019			
Total Coliform M&R Violation	7/1/18 - 7/31/18	3	12/27/2019	1/16/2019	1/6/2020	1/23/2019			
Physical Parameters M&R Violation	12/1/18 - 12/31/18	3	3/4/2020		3/14/2020				

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name				Clas	sification	Population	Owner Type	Primary Source
CT0170154 PEBBLE HOUSE-INDIAN ROCK NATURE PRESERVE					NC	25	Р	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
501 WOLCOTT RD		Connections			1			

Towns Served: BRISTOL

Public Notification Requirements											
	Compliance Notice <u>Public Notification</u>				PN Certification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Physical Parameters M&R Violation	11/1/18 - 11/30/18	3	3/4/2020		3/14/2020						
Physical Parameters M&R Violation	10/1/18 - 10/31/18	3	3/4/2020		3/14/2020						
Total Coliform M&R Violation	12/1/18 - 12/31/18	3	3/4/2020		3/14/2020						
Total Coliform M&R Violation	11/1/18 - 11/30/18	3	3/4/2020		3/14/2020						

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage ? DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
20300	WELL	2	WELL	Α								

			(Contact Inf	ormation					
Name			Organization	1	Job Title					
Mr. Scott E. Heth		Env. Learnin	g Centers of Ct	Executive Director						
Mailing Address Line One Mailing Add				dress Line Two		City		State	Zip Code	
501 Wolcott Road						Bristol	ol CT 06010			
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Ac	ldress			
860-589-8200		860-585-	8886			scotthet	scottheth1@gmail.com			
Contact Role(s):	Administrative	Contact, Leg	al Contact							

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		Connections De	nartment of	Dublic	Iool+h	D-	ain leir		ator	Car	ation		
	(Connecticut De Water O	epartment of uality Monit					_			CHOII		
PWS ID	Г	WS Name	uanty Monit	or mg all	u Coll	_	ssificatio				ner Type Primary S		Ource
CT017021		VOJTUSIK NURSERY				Clas	NC		25	OWII	P	GW	Juice
		ere applicable)		Service	Residen	tial	_		ndustria	al (Combine	_	ltural
750 TERR				Connections	Residen	tiai	1	i Ciai I	Huustiit	, ii	COMBINE	a Agricui	lturai
Towns Se													
TOWNS SC	.rvca. br	15102	Monito	oring Requ	uireme	nts							
Water Sy	ystem F	acility: DISTRIBUTIO											
Total Co	•	•							1	rout	tine (RT)	per qua	rter
		int (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Per			liance Sta	
	-	nventory of Active Sam	pling Points		10/1/18 -							omplete	
			<u> </u>		1/1/19 -							omplete	
					4/1/19 -								
					7/1/19 -								
Physical	l Param	eters (PPS)							1	rout	tine (RT)	per qua	rter
Sam	pling Po	int (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Per	riod	Comp	ompliance Status	
Sele	ct from I	nventory of Active Sam	pling Points		10/1/18 -	12/	31/18				C	omplete	
					1/1/19 -	3/3	1/19				C	omplete	
					4/1/19 -	6/3	0/19						
					7/1/19 -	9/3	0/19						
Water Sy	ystem F	acility: ENTRY POIN	T (WSF ID: 00700)										
Nitrate A	And Nit	rite (NOX)								1 r	outine (RT) per y	/ear
Sam	pling Po	int (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Per	riod	Comp	liance Sta	itus
ENTI	RY POIN	Γ(3)			1/1/18 -	12/3	31/18				C	omplete	
					1/1/19 -	12/3	31/19				C	omplete	
					1/1/20 -	12/ 3	31/20						
		Wate	r System Facil	ity and Sar	mpling	Po	int Inv	ento	ry				
Water								Total	Lead (and			
System		System Facility	Sampling Point		int		C	oliform					tage
Facility II			ID	Description			Status	Rule	Rule	Tier	Asbesto	WQP 2	DBPR
00600	DISTRI	BUTION SYSTEM	4	DISTRIBUTIO			Α	Υ					
			DOWNSTREAM	WITHIN 5 SEF	RVICE CON	1	Α						
			UPSTREAM	WITHIN 5 SEF	RVICE CON	J	Α						
00700	ENTRY	POINT	3	ENTRY POINT			Α						
20305	WELL		2	WELL			Α						
			Con	tact Infori	mation								
Name			0	rganization							Job Title		
Mr. Phil V	Wojtusik		W	ojtusik Nurser	У			O۱	vner				
Mailing A	Address L	ine One	Mailing Addres	s Line Two				(City		State	Zip Coc	de
1							1				1		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

750 Terryville Ave.

Business Phone

860-583-7279

Extension

Contact Role(s): Administrative Contact

Fax

Bristol

wojtusiknursey@snet.net

Emergency Phone Email Address

CT

06010

C	Connecticu	ıt Depa	rtment (of Public	Health	Drii	ıking	Water	Section			
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	le			
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0170214 V	VOJTUSIK NURSI	ERY					IC	25	Р	GW		
Local Address (wh		Service	Resider	ntial Co	mmercial Industi		al Combine	ed Agricultural				
750 TERRYVILLE A		Connectio	ons		1							
Towns Served: BR	ISTOL					,						
Name				Organization				Job Title				
Mr. Peter Wojtusi	ik			Wojtusik Nurs	sery Garder	Center		President				
Mailing Address Li	ne One		Mailing Addr	ess Line Two			City		State	Zip Code		
750 Terryville Ave	nue						Bristol		СТ	06010		
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	ddress				
860-583-7279												
Contact Role(s):	egal Contact. O	wner					*					

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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End of schedule

Сс		ut Departme					U		ection		
	Wat	ter Quality N	Jonit	oring a	nd Com	plia	nce So	chedule			
PWS ID PW	/S Name					Classifi	cation P	opulation O	wner Type P	rimary Source	
CT0179044 249	TERRYVILLE	ROAD - BRISTOL				N	С	28	Р	GW	
Local Address (when	e applicable)			Service	Resident	ial Co	mmercial	Industrial	Combined	Agricultural	
				Connection	าร		1				
Towns Served: BRIS	TOL										
		ı	Monit	oring Red	quiremer	nts					
Water System Fac	ility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Coliform (3	3100)							1 rc	outine (RT)	per quarter	
Sampling Poin	t (Sampling P	oint ID)			Monitorin	ng Perio	od Col	lection Perio	d Compl	iance Status	
Select from Inv	entory of Acti	ive Sampling Points			10/1/18 -	12/31/	18		Co	mplete	
					1/1/19 - :	3/31/1	9		Co	mplete	
					4/1/19 -	6/30/1	9				
					7/1/19 - 9	9/30/1	9				
Physical Paramet	ers (PPS)							1 rc	outine (RT)	per quarter	
Sampling Poin	t (Sampling P	oint ID)			Monitorin	ng Perio	od Col	lection Perio	d Compl	iance Status	
Select from Inv	entory of Acti	ive Sampling Points			10/1/18 -	12/31/	18		Co	mplete	
					1/1/19 - :	3/31/1	9		Co	mplete	
					4/1/19 -						
					7/1/19 - 9	9/30/1	9				
Water System Fac	ility: ENTR	Y POINT (WSF ID:	00700)								
Nitrate And Nitri	te (NOX)								1 routine (F	RT) per year	
Sampling Poin	t (Sampling P	oint ID)			Monitorin	ng Perio	od Col	lection Perio	d Compl	iance Status	
ENTRY POINT (3)				1/1/18 - 1				Complete		
					1/1/19 - 1				Co	mplete	
					1/1/20 - 1	2/31/2	20				
		Pub	ic Not	ification	Require	ment	ts				
			С	ompliance	Notice	<u>F</u>	Public Not	<u>ification</u>	PN Cer	<u>tification</u>	
Violation/Situation				Period	Tier	Re	quired	Performed	Due to DPH	Received	
Nitrate And Nitrite I	M&R Violation	1	1/1/	11 - 12/31/1	.1 2	10/1	10/2012		10/20/2012		
		Water System	Facili	ity and Sa	ampling	Point	t Inven	tory			
Water							Tota				
	stem Facility		_	Sampling P			Colifo			Stage	
Facility ID	ITIONI CVCTEN		D	Description		Sta		e Kule He	er Asbestos	WQP 2 DBPR	
00600 DISTRIBU	ITION SYSTEM		4 	DISTRIBUTI		ļ.					
				WITHIN 5 S							
00700 FNTDV D	21A1T		REAM		ERVICE CON						
00700 ENTRY PO	ואונ		3	ENTRY POIN	N I	Α					
52997 WELL 1			2	WELL 1		P	4				
				tact Info	rmation						
Name			0	rganization					Job Title		
Jwd Property Devel	-						1		-		
Mailing Address Line	e One	Mailing	g Addres	s Line Two				City	State	Zip Code	
19 Knob Hill Lane		_				5 1	Bristol		СТ	06010	
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	dress			

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Contact Role(s): Owner

(Lonnectici	ut Depa	rtment (of Public	Health	Drir	ıkıng	g Water	Section		
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary	Source
CT0179044	249 TERRYVILLE	ROAD - BRIS	TOL			N	С	28	Р	GW	V
Local Address (where applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agric	ultural
				Connectio	ns		1				
Towns Served: BF	RISTOL					'			, , , , , , , , , , , , , , , , , , ,		
Name				Organization				Job Title			
Mr. James W. Dr	iscoll, Jr.			Jwd Property	Developme	nt, LLC		Owner			
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Co	ode
19 Knob Hill Lane	!						Bristol		СТ	0601	10
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address	,		
860-584-5933					860-582	-2315					
Contact Dolo/s).	A duninintuntivo (Contact Loc	al Contact O				1				

CD Lite II - Itl. Detail to Marco. C

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

							_				
		ut Departme ter Quality M								ction	
		ter Quarity M	lomi	of fing a					_		
PWS ID	PWS Name				С				Owr		Primary Source
CT0179054	735 TERRYVILLE	AVE				N	С	38		Р	GW
Local Address (w	here applicable)			Service	Residentia	l Cor	mmercial	Industr	ial	Combined	d Agricultura
				Connection	ons		3				
Towns Served: B	RISTOL										
		N	lonito	oring Re	quirement	ts					
Water System	Facility: DISTR	IBUTION SYSTEM	(WSF II	D: 00600)							
Total Coliform	(3100)							:	1 rou	itine (RT)	per quarter
	oint (Sampling P	oint ID)			Monitoring	Perio	d Col	lection Pe			liance Status
		ive Sampling Points			10/1/18 - 1						omplete
	, , , , , , , , , , , , , , , , , , , ,				1/1/19 - 3,						omplete
					4/1/19 - 6,						opiccc
					7/1/19 - 9						
Dharainal Dawara	(DDC)				7/1/19 - 9/	/30/13	7		4	(DT)	
Physical Paran	= =	-t(D)			8.6 16 15						per quarter
	oint (Sampling P				Monitoring			lection Pe	erioa		liance Status
Select from	inventory of Acti	ive Sampling Points			10/1/18 - 1						omplete
					1/1/19 - 3,	-				C	omplete
					4/1/19 - 6,						
					7/1/19 - 9,	/30/19	9				
Water System	Facility: ENTR	POINT (WSF ID:	00700)								
Nitrate And N	itrite (NOX)								1	routine (RT) per year
Sampling P	oint (Sampling P	oint ID)			Monitoring	Perio	d Col	lection Pe	eriod	Compl	liance Status
ENTRY POIN	NT (3)				1/1/18 - 12	/31/1	.8			C	omplete
					1/1/19 - 12	2/31/1	.9			C	omplete
					1/1/20 - 12						•
		Water System	Facili	ty and S				tory			
Water							Tota	al Lead	l and		
System Wate	r System Facility	Sampling	g Point	Sampling	Point		Colifo	rm Cop	per		Stage
Facility ID		IE		Descriptio	n	Stat	Dest		•	Asbestos	WQP 2 DBP
00600 DISTR	RIBUTION SYSTEM	1 4		DISTRIBUT	TION	A					
			TREAM		SERVICE CON	А					
		UPSTR			SERVICE CON	Α					
00700 ENTR	V DOINT	3									
	Y POINT			ENTRY PO	IINI	A					
53001 WELL	. <u>T</u>	2		WELL 1		Α	<u> </u>				
			Con	tact Info	ormation						
Name			Oı	rganization						Job Title	
Mr. Muhammad	l A Ali		Da	aar-Ul-Ehsa	an USA Inc						
Mailing Address	Line One	Mailing	Address	s Line Two				City		State	Zip Code
739 Terryville Av	renue						Bristol			СТ	06010
Business Phon		Fax	Mobi	le Phone	Emergency P	hone	Email Ad	dress		1	
860-585-9742					860-680-63						
					1		1				

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Contact Role(s): Legal Contact, Owner

(Lonnecticu	it Depa	irtment o	I Public	Health	Drir	ıkıng	g vvater	Section	1	
	Wat	er Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Sour	
CT0179054	735 TERRYVILLE A			N	IC	38	Р	GW			
Local Address (where applicable)				Service	Residen	tial Co	mmerci	al Industri	al Combin	ed Agricultur	
				Connection	ıs		3				
Towns Served: BF	RISTOL			1	,	'		1	1	<u> </u>	
Name			C	Organization				Job Title			
Mr. Saleh Akbar			C	Daar-Ul-Ehsaa	n USA Inc						
Mailing Address L	ine One		Mailing Addre	dress Line Two				City	State	Zip Code	
739 Terryville Ave	enue						Bristol		СТ	06010	
Business Phone	Extension	Fax	Mob	oile Phone	Emergency	/ Phone	Email A	Address	·		
860-585-9742					860-680-	-6326					
Contact Role(s):	Administrative C	ontact					•				

Connecticut Department of Public Health Drinking Water Costion

Contact Role(s): Administrative Contact

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